

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO.

541994

FILING DATE

4-3-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5						
6	1					
7		1				
8						
9		1				
10						
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12	1					
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	9					
TOTAL	16					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
61								
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TOTAL IND.								
TOTAL DEP.								
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